



Northern Ireland Post Qualifying
Education & Training Partnership

**REQUIREMENTS AND GUIDANCE
FOR ACCREDITATION IN
NI PQ FRAMEWORK**

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REQUIREMENTS AND GUIDANCE FOR ACCREDITATION IN NI PQ FRAMEWORK

Introduction

1. The Northern Ireland Post Qualifying Education and Training Partnership (NIPQETP) is approved by the Northern Ireland Social Care Council (NISCC) to determine and manage the arrangements within the Northern Ireland Post Qualifying (NI PQ) Framework for the provision of post qualifying education and training in Northern Ireland.

Its mission is to provide a visionary, comprehensive and flexible approach in supporting the continuing professional development of social work staff throughout their careers, in an effort to promote effective, safe and competent interventions with service users.

2. This paper provides information to course providers seeking accreditation in the NI PQ Framework. It should be read in conjunction with:

- A. NISCC NI PQ Framework June 2006
- B. NIPQETP Arrangements For APL October 2007

3. NISCC is the Awarding Body for the NI PQ Framework. There are 3 Professional Awards:

NI Specific Award in Social Work

NI Specialist Award in Social Work

NI Leadership and Strategic Award in Social Work

4. The NI PQ Framework and its 3 Professional Awards are at Post Graduate M Level. Each of the Awards is based on a range of Professional Requirements that reflect professional activity or practice from different perspectives. The M level status of the 3 Awards provides the opportunity to accommodate, demonstrate and recognise both vertical and horizontal progression. It also ensures flexibility by supporting professional achievement alongside the opportunity for academic progression and achievement, without the two being mutually dependent on each other.

5. The PQ Partnership is the Accrediting Body for the NI PQ Framework. Details of accredited programmes and progression to awards are recorded on the PQ Database, providing information to DHSSPS, NISCC, education and training providers and employers.
6. The Accreditation Board receives and makes decisions on all submissions for accreditation.
7. Where course providers are seeking validation or approval with an academic institution or a separate professional body, joint accreditation arrangements are welcomed.
8. The following will be used to recognise progression and achievement:

Transcript – The PQ Partnership will provide a verified transcript of achievement of any Professional Requirement and Programme/Module that has been accredited within the NI PQ Framework. The Transcript will provide details of the route and pathway undertaken by the candidate.

Certificate – The NISCC will issue certificates to those who achieve any of the 3 Professional Awards within the NI PQ Framework.

Programme Certificate – The Programme may issue its own certificate.

Submission for Accreditation in NI PQ Framework

Statement of Intent

1. The PQ Management Board requires that all course providers intending to apply for the initial accreditation of a programme, should submit a Statement of Intent, with an Outline Business Plan, to the PQ Professional Developments Sub Committee for approval. The purpose of this is to ensure that scarce resources allocated to training are used to best effect, and accredited programmes are developed as part of a strategic plan for post qualifying social work education and training within Northern Ireland.

Information Workshops are provided by the PQ Partnership on a regular basis to offer advice and guidance to prospective course providers in the preparation of a Statement of Intent.

The PQ Professional Developments Sub Committee requires the following information as part of the Statement of Intent:

- the identification of the market for the programme
- how the programme fits into the development of social work and the needs of both employing organisations and the profession
- a brief outline Business Plan for the programme, and
- any other relevant information

Templates for the Statement of Intent and Business Plan can be found in Appendices One and Two.

2. The PQ Professional Developments Sub Committee will consider this information, and make a recommendation on the viability of the proposed programme including whether it is likely to be supported by partner agencies, to the PQ Management Board. The PQ Management Board will notify the proposed programme of the decision outcome as well as provide detail on any further action the programme should pursue prior to proceeding with a submission for accreditation.
3. It should be noted that the final decision as to whether to proceed with the accreditation procedure rests with the course providers.

Submission to the Accreditation Board

1. Preparation Workshops are offered to course providers to provide advice and guidance on preparing a submission and to facilitate learning and exchange of information across providers.
2. At the point of first submission, the course providers will be required to pay an administration fee. This will include payment for the engagement of an expert reader to consider the submission. Details of fees are available from the PQ office.
3. Dates for submission are arranged by the office of the PQ Partnership. Course providers will be notified of these as part of the feedback given on the Statement of Intent.
4. Programmes are required to submit all documentation to the PQ office within agreed timescales. This will normally be 6 weeks before the Accreditation Board is scheduled to meet.
5. The submission should provide details of a named correspondent, title, address and contact numbers and should provide sufficient information to demonstrate the accreditation requirements set out overleaf (see page 7). A pro-forma is provided in Appendix Two. **Ten copies of the submission and any additional supporting material are required.**
6. An Expert Reader will be appointed for each new submission. The purpose of appointing an Expert Reader is to obtain an opinion from an external 'expert' on the appropriateness of the level and content of the submission in terms of subject area and 'M' level provision to inform the decision making processes of the Accreditation Board. A template for the Expert Reader's Report can be found in Appendix Four.

7. The Members of the Accreditation Board will be required to declare any interest in or association with the programme seeking accreditation. Where a conflict of interest arises, the Member will be required to withdraw from involvement in the particular submission.
8. The Accreditation Board may appoint an Associate Member or Members to join the Board in considering the particular submission.
9. The Accreditation Board will normally invite representatives from the Programme to attend part of the Board meeting. This will provide an opportunity for Board members to seek clarification on any outstanding issues and for representatives to provide any additional information that they consider to be relevant to the decision-making process.
10. The decisions of the Accreditation Board will be conveyed by letter to the course providers, normally within 5 working days of the Board having met.

If the decision is to accredit, the letter will inform the course providers of the details of the accreditation, any conditions which are to be met before accreditation is finalised and the responsibilities of accreditation.
11. In some instances, the Accreditation Board may request the course providers to provide further written detail before a decision on the submission can be made. The course providers will be provided with a date for this additional material to be submitted to the PQ office. Where the Board considers that the supplementary information satisfactorily addresses the outstanding issues, Chair's Action may be taken in relation to the submission and a decision made and reported to the PQ Management Board.
12. If the decision is not to accredit, the letter will inform the course providers of the decision and outline the steps required for a re-submission.
13. In addition, the Chair and/or an appointee of the Accreditation Board and the Professional Officer will offer to meet with the course team to provide more detailed feedback.
14. All Programmes submitting for accreditation will be provided with the opportunity to comment on their experience of the accreditation process via a questionnaire.

Procedure for Complaints/Review of Decision

Complaints or Requests for a Review of Decision in relation to Accreditation Board activity will be dealt with as per the procedures outlined in Review of Decision and NIPQETP Comments, Compliments and Complaints Policies and Procedures (see Appendices Seven and Eight).

Submission for Joint Accreditation

Please note: This guidance should be read in conjunction with the programme approval/validation documents of the relevant academic institution or professional body from which joint accreditation/validation is being sought.

Submission for Joint Accreditation

Where Programmes are seeking accreditation or approval with an academic institution or a professional body, joint accreditation arrangements will be encouraged.

Submission Process

1. Programmes will be required to submit a Statement of Intent and Outline Business Plan in the usual way to the PQ Professional Developments Sub Committee. The course providers should indicate at this stage that they are seeking joint accreditation with an academic institution or professional body.
2. The PQ Management Board, based on the recommendation from the PQ Professional Developments Sub Committee, will inform the course providers and the Chair of the Accreditation Board if approval has been given to proceed to the next stage of the accreditation process. The Chair of the Accreditation Board will then liaise with the Programme Representative/s to discuss arrangements for joint accreditation. It will be the responsibility of the Programme Representative to ensure that notification of the intent to proceed with a joint validation is made to the designated person within either the academic institution or professional body and that the Chair of the Accreditation Board is informed of the nominated person they should liaise with.
3. The Chair of the Accreditation Board (or their Deputy) will liaise with the nominated person to agree a date for the joint accreditation/validation event and to provide notification of the members of the Accreditation Board who will attend the event. This will normally include the Professional Officer to the Accreditation Board and at least two additional members of the Board. The External Assessor to the Accreditation Board will also be invited to attend.
4. The submission documentation should be forwarded to the PQ office no later than 3 weeks before the joint accreditation/validation event is scheduled to take place.
5. While the Accreditation Board will accept the submission document in the format required by the academic institution/professional body, course providers must ensure that they have explicitly demonstrated within the document, how the NIPQETP Requirements for Accreditation are met.

6. The Professional Officer to the Accreditation Board will ensure that those members nominated to attend the joint accreditation/validation event, are provided with a copy of the written submission upon receipt by the PQ office.
7. The nominated members of the Accreditation Board will meet prior to the joint accreditation/validation event to discuss the submission and to agree any areas that they would wish to discuss further on the day. The Chair of the Accreditation Board will liaise with the nominated person within the academic institution/professional body to ensure identified areas are included on the programme for the joint accreditation/validation event.

Joint Validation/Accreditation Event

8. Nominated members of the Accreditation Board will attend the joint accreditation/validation event and participate as appropriate in proceedings. Their role will be to ensure that the proposed provision meets all of NIPQETP'S Accreditation Requirements as outlined overleaf.
9. The course providers will be informed verbally of the outcome of their submission in relation to professional accreditation on the day of the joint accreditation/validation event, including any conditions of approval. This will be followed up in writing, normally within 5 working days.
10. Where revisions are required to be made to the validation document or additional information provided, a timescale will be agreed for this work to be submitted to the PQ office for consideration by the nominated members of the Accreditation Board.

The Programme will be informed if the conditions of approval have been met.

The Professional Officer to the Accreditation Board will prepare a written report of the Boards' findings to be presented by the Chair of the Accreditation Board to the PQ Management Board for approval.

Procedure for Complaints/Review of Decision

11. Complaints or Requests for a Review of Decision in relation to the professional accreditation element of the joint accreditation/validation process will be dealt with as per the procedures outlined in Review of Decision and NIPQETP Comments, Compliments and Complaints Policies and Procedures (see Appendices Seven and Eight).

Accreditation Requirements

1. In order to gain accreditation with the PQ Partnership, the following requirements must be met:
 - a. There is a rationale for the provision that demonstrates identified need and available resources;
 - b. The provision meets relevant policy requirements, rules and standards as applicable to the programme context and setting, including taking account of NISCC Codes of Practice for Employers and Social Care Workers;
 - c. A statement of who the collaborative partners are. These arrangements should reflect management and accountability structures that are appropriate to the programme and meet governance requirements;
 - d. A range of stakeholders (may include people who use services, carers, candidates, employers, academic institutions) are actively involved at the appropriate stage in the design, delivery and evaluation of the programme;
 - e. There is an entry requirement that applicants are able to undertake work and study at M level;
 - f. The provision must meet a minimum of one Professional Requirement. The target Requirement/s are to be identified and mapped to Programme Modules;
 - g. There are learning outcomes with an outline of how each Module is constructed and which PQ Requirements are demonstrated;
 - h. There are assessment criteria and methods that demonstrate how they meet the proposed Requirements;
 - i. Arrangements are in place for accreditation of prior learning (APL);
 - j. There must be an external contribution to the assessment process that reflects experience of M level. The preferred option would be for this external contribution to be provided by a qualified social worker;
 - k. The assessment process must include assessment by a registered social worker who has experience of or has been trained to assess at M level;
 - l. Programmes that are not academically accredited must consider how candidates might access academic credits should they wish to do so;

- m. There are equal opportunities, complaints, appeals and termination procedures in place. These should fit with parallel employer arrangements and, where applicable, higher education arrangements;
- n. There is accessible information to candidates and employers;
- o. There is an internal quality assurance system that will ensure the maintenance of standards and adherence to requirements;
- p. There are systems in place to adhere to NIPQETP monitoring arrangements.

Where a Programme is subject to other professional or academic monitoring processes, joint arrangements are encouraged.

- 2. It should be noted that the PQ Partnership accreditation requirements reflect those required by the NISCC which are specified in Appendix Five of this paper.

Guidance

- 1. The NI PQ Framework seeks to be flexible, innovative and responsive to the needs of the service.

Course providers therefore have the opportunity to consider the following:
 - 1. How many modules best meet the objectives of the programme?
 - 2. How many and which Requirements are appropriate for each module?
 - 3. Does the programme meet an identified range of Requirements or a full Award?
 - 4. Can the programme meet Requirements across both the NI Specialist Award and the NI Leadership and Strategic Award, if so how can this 'mix and match' be best managed?
- 2. Course providers may wish to consider providing access to Academic Credits and Academic Awards. Appendix Six sets out the links between professional and academic credits.

Arrangements for Professional Awards:

The following arrangements are in place for each of the awards:

NI Specific Award

The Accreditation Board will consider submissions for accreditation for one or more Requirements.

Each Requirement for this award should equate to a **minimum** of 100 notional effort hours, therefore, the full NI Specific Award should equate to no less than 600 notional effort hours.

Flexibility may be achieved by providing the option of taking stand alone module/s that allow for the achievement of Professional Requirement/s.

Accumulation of Professional Requirements across a range of Programmes or Modules may build towards the full NI Specific Award.

Where applicable, flexibility may also be achieved by accumulation of Academic Credits across a range of Programmes or Modules to build towards an Academic Award.

NI Specialist Award

The Accreditation Board will consider submissions for accreditation for one or more Requirements.

Each Requirement for this award should equate to a **minimum** of 100 notional effort hours, therefore, the NI Specialist Award should equate to no less than 900 notional effort hours.

Flexibility may be achieved by providing the option of taking stand alone module/s that allow for the achievement of Professional Requirement/s.

Accumulation of Professional Requirements across a range of Programmes or Modules may build towards the full NI Specialist Award. Where applicable, flexibility may also be achieved by accumulation of Academic Credits across a range of Programmes or Modules to build towards an Academic Award.

Application may be made for up to three Professional Requirements of the NI Specialist Award to be transferred and counted towards achievement of the NI Leadership and Strategic Award. The exception to this relates to NI Leadership and Strategic Award Requirements 2, 4 and 8 which are considered to be leadership specific and so must be completed within the Leadership and Strategic Award.

NI Leadership and Strategic Award

The Accreditation Board will consider submissions for accreditation for one or more Requirements.

Each Requirement for this award should equate to a **minimum** of 200 notional effort hours, therefore, the NI Leadership and Strategic Award should equate to no less than 1,800 notional effort hours.

Flexibility may be achieved by providing the option of taking stand alone module/s that allow for the achievement of Professional Requirement/s.

Accumulation of Professional Requirements across a range of Programmes or Modules may build towards the full NI Leadership and Strategic Award. Where applicable, flexibility may also be achieved, by accumulation of Academic Credits across a range of Programmes or Modules to build towards an Academic Award.

Application may be made for up to three Professional Requirements of the NI Leadership and Strategic Award to be transferred and counted towards achievement of the NI Specialist Award. This can be for any Specialist Award Requirement.

¹Effort hours include teaching input, tutorials, study time, practice and assessment.

APPENDIX ONE

NIPQETP Statement of Intent for Accreditation in NI PQ Framework (to be submitted to PQ Professional Developments Sub Committee)

Programme Title: _____

**Name & Contact Details
of Programme Correspondent:** _____

Chair of Programme: _____

Co-Ordinator: _____

Date: _____

For which Professional Award/s do you intend to seek accreditation?:

For which Professional Requirements?: _____

Are the course providers intending to seek Academic validation? Yes/No

If Yes – Which Academic Institution? _____

Will the timescales allow for Joint Accreditation/Validation? Yes/No

If Yes – Please provide contact details at Academic Institution _____

Academic Award: _____

Academic Credits: _____

Date when submission will be prepared: _____

Intended Programme Start

Date: _____

APPENDIX THREE

NIPQETP Submission for Accreditation in NI PQ Framework

Programme Information:

Programme Title: _____

Professional Requirements: _____

Professional Award: _____

Academic Award: _____

Academic Credits: _____

Any Other Professional Body Accreditation:

Name & Contact Details of Correspondent: _____

Chair of Programme: _____

Co-Ordinator: _____

Programme Site:

Please provide the following information. The letters in brackets refer to the NIPQETP Requirements for Accreditation.

1 Programme Overview:

1.1 Rationale: (a)

Outline the rationale for the provision that demonstrates identified need:

1.2 Relevant policy requirements, rules and standards (b)

Specify the relevant policy requirements, rules and standards as applicable to the programme context and setting:

1.3 Collaborative Partners: (c)

Specify the collaborative partners:

2. Programme Provision

2.1 Programme Specification: (g)

Summarise the Programme's main features and learning outcomes:

2.2 Programme Commentary

Comment on:

- Where the Programme fits with professional progression (a) (b)
- Its relationship with professional/statutory/regulatory bodies and relevant professional standards; (b) (d)
- Its relationship with other programmes or provision including opportunities for shared learning with other disciplines (c)
- The involvement of key stakeholders in the planning, delivery, assessment or evaluation of the programme, including users of the service (d)
- How and where the Programme fits with professional progression, i.e. Which NI PQ Award/s and which Professional Requirements (f)
- Teaching, learning and assessment strategies (g) (h) (i) including details of work based elements
- How the programme fits with career opportunities, development and progression (a) (b)

2.3 Programme Structure Diagram:

In table format detail the modular structure of the programme. (f)

2.4 Module Description: (f) (g) (h) (i) (j) (k) (l)

Repeat for each module

- **Professional Requirements of which Professional Award**
- **Academic Credits/Award (if applicable)**
- **Hours – include total notional effort hours and division**
- **Rationale**
- **Aims**
- **Learning Outcomes**
- **Content**
- **Teaching and Learning Methods**
- **Assessment**
- **Reading List**
- **Summary Description – up to 480 characters (for use in PQ database and related publications)**

3. Programme Management

3.1 Equal opportunities, complaints, appeals and termination policies and procedures: (m)

Append these to the submission:

3.2 Entry Requirements: (e)

Specify entry requirements, including that candidates are able to undertake work and study at M level

- 3.3 Programme Administration: (c) (d)**
Brief comment or table format on programme committees/personnel role and responsibilities including the involvement/participation of key stakeholders including users of service.
- 3.4 Candidate support and guidance: (c) (n)**
An outline of the range of provision for Candidate support and guidance
- 3.5 Arrangements for Quality Assurance and Monitoring: (o) (p)**
Specify the internal quality assurance system and monitoring arrangement; also statement commitment to complying with NIPQETP monitoring arrangements
- 3.6 Arrangements for External Assessor: (j)**
Specify the arrangements for an external contribution to the assessment process, including C.V.
- 3.7 Arrangements for APL (i)**
Specify the APL arrangements that are in place:
- 3.8 Information to candidates and employers: (n)**
Specify how information will be presented and accessed:

4. **Resources (c) (d)**

Demonstrate that sufficient physical and appropriate staff resources are available; CVs to be included:

Signed:

Designation:

Date:

APPENDIX FOUR

Expert Reader Report

Please comment on the following areas as identified in the Programme Submission.

1. Rationale for proposed provision
2. Level and range of stakeholder involvement in Programme design and delivery
3. Content and structure of the Programme
4. Relevance, currency and validity of the Programme

5. **Fitness for purpose of intended learning outcomes in terms of subject area and qualification descriptors (i.e. 'M' level)**

6. **Appropriateness of range and composition of teaching and learning methodologies in relation to identified learning outcomes**

7. **Appropriateness of assessment methodologies to meet identified learning outcomes**

8. **Any other comments**

Signed: _____

Designation: _____

Date: _____

APPENDIX FIVE

NISCC Requirements for Accreditation

- 1) Collaborative arrangements are in place between employers and providers that include arrangements for an academic and practice perspective;
- 2) There is a rationale for the provision that demonstrates identified need and that realistic resources have been identified;
- 3) A range of stakeholders (may include people who use services, carers, candidates, employers, academic institutions) are/will be actively involved at the appropriate stage in the design, delivery and evaluation of the programme;
- 4) The provision meets any relevant policy requirements, Rules and Standards;
- 5) The provision must reflect a minimum of 100 notional effort hours and must meet a minimum of one Professional Requirement¹;
- 6) There is an entry requirement that applicants are able to undertake work and study at M level;
- 7) There are arrangements in place for accreditation of prior learning (APL);
- 8) There must be an external contribution to the assessment process;
- 9) The assessment process must include assessment by a registered social worker and an academic perspective;
- 10) There is an internal quality assurance system that will ensure the maintenance of standards and adherence to requirements;
- 11) There are complaints, appeals and termination procedures in place. These should fit with parallel employer arrangements and, where applicable, higher education arrangements.
- 12) Account is taken of the NISCC Codes of Practice for Employers and Social Care Workers.
- 13) There is accessible information to Candidates and Employers that includes detail of time commitments.

¹Effort hours include teaching input, tutorials, study time, practice and assessment.

APPENDIX SIX

NI PQ Framework Links to Academic Framework

1. The NI PQ Framework is a Professional Development Framework providing for 3 Professional Awards, all of which are at M level. This provides the opportunity for flexibility in academic arrangements.
2. The NI PQ Framework seeks to provide for progression throughout the professional social work career. All achievement reflects progression whether or not full awards are achieved.
3. Programme providers may wish to consider providing access to Academic Credits and Academic Awards. The following may therefore be considered:
 - a. Where Academic Validation applies, how many Academic Credits does each module attract?
 - b. Where Academic Validation applies, which Academic Award at M level does the programme attract?
 - c. Where Academic Validation applies, which Professional Award and how many Professional Requirements does the programme meet.
 - d. When mapping between Academic Awards and Professional Awards, Programmes may want to bear in mind the opportunity to mix up to 3 Professional Requirements across the NI Specialist Award and the NI Leadership and Strategic Award.
4. Flexibility within the NI PQ Framework may be achieved by accumulation of Academic Credits across a range of Modules or Programmes under any of the 3 Professional Awards to build towards an Academic Award.
5. Academic Awards may be achieved in conjunction with, or independently of, the Professional Awards.

Notional Effort Hours and Academic Credits/Awards		
10 Academic Credits = 100 Notional Effort Hours		
Academic Award	Academic Credits	Notional Effort Hours
PG Certificate	60	600
PG Diploma	120	1,200
Masters	180	1,800

APPENDIX SEVEN

Accreditation Board Review of Decision Policy and Procedures

Introduction

The Accreditation Board has robust policies and procedures and quality assurance arrangements in place to ensure that its decision making processes are fair, consistent and transparent. The Accreditation Board is committed to ensuring that the experience of submitting for accreditation is a positive and constructive one for Programme Providers. There may be circumstances however where a Programme Provider considers the accreditation process to be flawed. In such situations, the Programme Provider may request a review of the accreditation decision.

Scope of Policy

A Programme Provider may request a Review of Decision only on the grounds that there are procedural irregularities or administrative error of such nature as to cause reasonable doubt as to whether the Accreditation Board would have reached the same conclusion had they not occurred.

A procedural irregularity is normally regarded as a deviation from agreed accreditation arrangements.

It should be noted that the professional decision of the Accreditation Board and its External Assessor is not open to appeal.

The Process for a Review of Decision

A request for a Review of Decision must be submitted in writing to the Chair of the Accreditation Board not later than 28 days from the date of the letter informing the Programme of the Accreditation Board's decision.

The Programme Provider should identify specifically the alleged procedural irregularity or administrative error.

The Professional Manager will be informed that a request for a Review of Decision has been received.

Within 14 days of receipt, the Chair of the Accreditation Board, in consultation with the Professional Manager, will decide whether there are sufficient grounds to proceed with the Review of Decision process.

Whatever decision is taken at this stage, the Programme Provider will be informed in writing.

Procedures

Where a Review of Decision is to take place, the following procedures will apply:

- i. A Sub-Group of the Accreditation Board will be asked to review the decision in light of the new information received. This Sub-Group may include any Associate Members involved in considering the initial submission.
- ii. The External Assessor to the Accreditation Board will also be asked to review the decision and provide a report to the Chair of the Accreditation Board
- iii. A meeting of the Sub-Group will be convened, no later than one month after the decision to proceed with a Review of Decision is taken. This will be chaired by the Chair of the Accreditation Board, with the Professional Officer in attendance
- iv. The Sub-Group may decide either that:
 - a new outcome has been reached as a result of the information received
 - the original decision stands
- v. The Chair of the Accreditation Board will inform the Professional Manager of the decision reached
- vi. The Chair of the Accreditation Board will inform the Programme Provider in writing of the decision reached. This decision is final
- vii. The Accreditation Board will inform the Management Board and Quality Assurance Board, by annual report, of all Reviews of Decision received and the outcomes

APPENDIX EIGHT

Comments, Compliments and Complaints Policy and Procedure

1. Introduction

- 1.1** The Northern Ireland Post Qualifying Education & Training Partnership (PQ Partnership) strives to ensure that the service it provides is of a consistently high standard and is underpinned by a commitment to continuous improvement.

The PQ Partnership therefore welcomes feedback on all aspects of its service and provision.

The PQ Partnership has developed the Comments, Compliments and Complaints policy and a set of procedures to assist all stakeholders who wish to provide feedback or make a complaint.

The Comments, Compliments and Complaints policy and procedures document is made available to: all members of the PQ Partnership's Boards and Committees; candidates at the point of enrolment and is available for download from the PQ website; www.nipgetp.com

2. Scope of Policy

- 2.1** This policy addresses the process for making positive or negative comments as well as a formal complaint.
- 2.2** It is important to note that this Policy does **not** cover issues related to the decision making processes of either the PQ Assessment or Accreditation Boards. These matters are dealt with via the respective Review of Decision/Appeals Procedures which are available on the PQ website www.nipgetp.com
- 2.3** Where the complaint relates to a programme accredited by the PQ Partnership for awarding PQ Requirements or PQ Award(s) with the NI PQ Framework, the complainant should direct this in the first instance, to the programme provider. Each programme accredited with the NI PQ Framework will have its own complaints policy in place – where the programme is based within a University or College setting, the institution will have a complaints policy.
- 2.4** Where a complaint relates to an agency representative, this should be directed in the first instance to that person's line manager/employer.

3. Comments

- 3.1 The PQ Partnership is happy to receive written or verbal comments in relation to any aspect of the service provided. These should be directed to the Professional Manager. All comments are recorded and acknowledged.
- 3.2 Comments in respect of the operation of, or service provided by a PQ Board, will be shared with the relevant Chair and Professional Officer.
- 3.3 Comments will be used as part of any review process.
- 3.4 Comments are most helpful when they are specific and relevant to the remit of the PQ Partnership and its Boards or provision.

4. Compliments

- 4.1 Where the experience of the service provided has been positive, we would very much welcome compliments. This will help to identify those aspects of our service which are working well.
- 4.2 Compliments, whether verbal or written, should be directed to the Professional Manager. All compliments received are recorded and acknowledged.
- 4.3 Compliments in respect of the operation of, or service provided by a PQ Board, will be shared with the relevant Chair and Professional Officer.
- 4.4 A summary of all compliments received will be included in the annual report to NISCC.

5. Complaints

What is a Complaint?

- 5.1 A complaint is an expression of dissatisfaction about the service NIPQETP provides, including the conduct of our staff or the action we take.
- 5.2 Any person affected by our service, the conduct of our staff or the action which we take, may make a complaint. This will include candidates, employers, service users, providers or anyone involved in the work of the PQ Partnership and/or the delivery of the PQ Framework.
- 5.3 The following are examples of issues which should be treated as complaints:
 - Dissatisfaction about how we have dealt with a situation
 - Claims that we have provided a poor standard of service
 - Claims that members of staff have been rude or unhelpful

- 5.4** A complaint must be made within 3 months of the event, or within 3 months of the complainant being aware of the event, upon which the complaint is based.

Objectives of Policy

- 5.5** The PQ Partnership aims to ensure that where a complaint is received:
- It is investigated and resolved as quickly as possible
 - The complainant is kept informed of the progress of the investigation of the complaint
 - All the points at issue are addressed and an effective response and appropriate redress provided
 - The privacy and confidentiality of the complainant is respected as far as possible at all stages of the process
 - The complainant is not in any way disadvantaged as a result of making a complaint
- 5.6** Specialist support will be made available to any complainant with particular needs, for example, providing help with completing the Complaints Form. This support will be available at all stages of the complaints process.

Complaints Procedure

- 5.7** The PQ Partnership believes it is in everyone's interest to resolve complaints as quickly as possible, as close to the source of the problem as possible and by informal means in preference to formal means. The complaints procedure outlined below has been developed with these aims in mind. There are three stages in the process.

Step One – Informal Stage

- 5.8** The normal expectation is that, where a minor complaint or concern arises, this should be resolved informally with the person within the PQ Partnership responsible for the particular service area or the person 'closest' to the perceived problem without being personally involved or implicated. This individual will clarify the concern and attempt to resolve the problem. They will also ensure the resolution is shared with the complainant. They will also seek clarification as to whether the matter has been addressed satisfactorily or not. A record of the concern or complaint will be maintained.

Step Two – Formal Written Complaint

- 5.9** If the complainant is dissatisfied with the response offered, or where the complaint is deemed to be of a serious nature, the complaint should be submitted in writing to the Professional Manager using the Complaints Form (**see Appendix One**). If the complaint to be made is in respect of the Professional Manager, the Complaints Form should be sent to the Chair of the Quality Assurance Board, who will then take on the subsequent responsibilities of the Professional Manager role. The Form should clearly identify:
- Name and contact details
 - The reasons for the complaint
 - The circumstances leading to the complaint
 - The necessary information to substantiate the complaint

- Details of any attempts made to resolve the complaint at an informal level
- What action the complainant now wishes NIPQETP to take to put things right

The complaint will be acknowledged in writing within 5 working days.

- 5.10** The Professional Manager will advise the Chair of the PQ Management Board of the nature and detail of the complaint. The Chair and Professional Manager will determine whether the complaint can be dealt with by the Professional Manager reporting to the Chairs Group and onto the Management Board.
- 5.11** Alternatively, the Chair will appoint a member of the Management Board not associated with the circumstances surrounding the complaint, to co-ordinate and oversee the investigation process. This person will report back to the Management Board the outcome of their investigation. The Professional Manager will assist if appropriate.
- 5.12** Where the complaint involves a staff member of the PQ Partnership, they will be informed of the nature and detail of the complaint at the earliest opportunity and kept informed of the process of the complaint and its outcome.
- 5.13** The complainant will be informed of the outcome of the complaint normally within 15 working days. If this is not possible, an explanation for the delay will be given.

Step Three – Complaints Review

- 5.14** If the complainant is not satisfied with the outcome at the formal stage, an appeal may be made in writing to the Chair of the PQ Management Board, within 10 working days of having received the initial written response.
- 5.15** The Chair of the PQ Management Board will appoint a Review Panel, drawn from Management Board membership and an independent member, where appropriate.
- 5.16** The Review Panel will convene within 15 working days and access all records and reports related to the complaint and may, as part of their review, interview the complainant and/or those connected with the complaint.
- 5.17** The Review Panel will make a recommendation regarding the case to the Chair of the PQ Management Board who will notify the complainant in writing within 10 working days, of the process that has occurred, the outcome and the action to be taken.
- 5.18** Where the investigation determines that a disciplinary offence may have been committed, this will be referred to the relevant disciplinary authority and the Management Board

- 5.19** If it is deemed that a breach of the NISCC codes has been committed, this will be referred to NISCC and to the Management Board.

6. Record of Complaints

- 6.1** The PQ Partnership will maintain a record of all complaints received along with corresponding processes, outcomes and action taken. The Quality Assurance Board, Management Board and NISCC as the Approving Body, will be informed by annual report, of all complaints received.

COMPLAINT FORM

Please complete this form if you wish to complain about the service you have received from NIPQETP, any action which we have taken or the conduct of our staff.

Completing this form will provide us with the information we need to deal with your complaint. If you require any help to complete the form, please contact the PQ office on 028 90461495.

1. Your Details	
Title: (e.g. Mr, Mrs, Ms etc)	
First Name:	
Last Name:	
Address:	
Tel No: (Home)	
Tel No: (Work)	
Tel No: (Mobile)	
E-mail Address:	
Please specify your preferred point of contact (e.g. work telephone no, e-mail):	

2. Details of the Complaint

Please provide full details of the following:
-the reason for the complaint

- the circumstances leading to the complaint

- any attempts made to resolve the complaint at an informal level

- what action you would like NIPQETP to take to put things right

3. Declaration

To the best of my knowledge, the information I have provided above is accurate. I understand that to investigate my complaint, NIPQETP will need to share this information with those parties concerned.

Signed:

Date:

When you have completed this form, please return to:

**Professional Manager
NIPQETP
Unit 2a
2 River's Edge
13-15 Ravenhill Road
Belfast
BT6 8DN**